

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO.	FILING DATE				
						APPLICANT(S)					
CLAIMS											
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT						
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.
1	1		1				51				
2		1		1			52				
3		1		2			53				
4		1		2			54				
5		1		2			55				
6		1		2			56				
7		2		2			57				
8		2		2			58				
9		2		2			59				
10		1		1			60				
11		1		1			61				
12		1		1			62				
13		1		1			63				
14		1		1			64				
15		1		1			65				
16		1		1			66				
17		1		1			67				
18				1			68				
19							69				
20							70				
21							71				
22							72				
23							73				
24							74				
25							75				
26							76				
27							77				
28							78				
29							79				
30							80				
31							81				
32							82				
33							83				
34							84				
35							85				
36							86				
37							87				
38							88				
39							89				
40							90				
41							91				
42							92				
43							93				
44							94				
45							95				
46							96				
47							97				
48							98				
49							99				
50							100				
TOTAL IND.	1		1				TOTAL IND.				
TOTAL DEP.	19		17				TOTAL DEP.				
TOTAL CLAIMS	20		18				TOTAL CLAIMS				